PHYSICIANS should of OCCUPATION IS RECORD PERMANENT properl pino d DEATH o 10 mportant. Every Ite

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ Ilf death occurred in .Ward) a hospital or institution. give its NAME instead at street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191..... to. (Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 without Insufreume BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 50 back 11 BIRTHPLACE (Address). PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME See Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State _____ yrs. ___ mos. Where was diseaso contracted. It not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADARESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the klud of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic thenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, ccr" is less defiuite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations ou statement of "Dropsy," "Exhaustion," State cause for



PHYSICIANS should of OCCUPATION is RECORD properly may certificate. back instructions -DEATH See ō OF item mportant. Eyery its

state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... If death occurred inWard) a hospital or institution, give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED WIDOWED. (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH OF, In death from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether Acciden-12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. State yrs mos. __ ds. Where was disease contracted. It not at place of death? usual residenco. DATE OF BURIAL 15 20 UNDERTAKER DRESS RECISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, Irrespective of ago. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and elildren, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Preeise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemile cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

gant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia." "Weakness," mere symptoms or terminal conditions, such as "Asema, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for "Heart fallure," "Haemorrhage," "luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatie), "Atrophy," Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronie interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by eurbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or mlscarriage as ctc., when a definite disease can be ascertained as the is less definite; avoid use of "Thmor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations ou statement of "Dropsy," "PUERPERAL septiehae-"Exhaustion," Never report



N. B.—Eve CA!

ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state to be Described by that it may be properly classified. Exact statement of OCCUPATION is very for the contraction of the contraction o	KECOKD	PHYSICIANS should state	it of OCCUPATION is very	
P	THE TENEDAL MILLS ON ADING INVESTIGIS IS A PERMANENT RECORD	ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement	Offant Sea Instructions on back of contificate

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 217

...St.;.....Ward)

[It death occurred in a hospital or Institution, give its NAME instead of street and number.]

FULL NAME MIGHT STOPE	- Warn:
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Color of RAGE Single, Married, Willowed, ORDIVORCED (Write the word)	16 DATE OF DEATH 7 1 , 191.4 (Month) (Day (Year)
(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 2 / 10/ 1914, to 2 / 11/ 1914, that I last saw h 2 alive on 2 / 10/ 4
7 AGE If LESS than 1 day hrs.	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Stromhags from Workliecks. (Buration) yrs. mos. 3 ds.
*BIRTHPLACE (State or country) Marylans.	Contributory Secondary
11 BIRTHPLACE OF FATHER Charles Balm. 11 BIRTHPLACE OF FATHER (State or country) 12 Maiden NAME OF MOTHER OF MOTHER	(Signed) (Boration) yrs mos ds. (Signed) , M. D. 2 / 191 / (Address) Sand Dury *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,
(Informant) Cherles Baen.	Former or usual residence.
Filed 3-2 - 1914 Blos Farquelon	Sand Spring 2/12/, 1914 20 UNDERTAKER ADDRESS Peo. R. Suovodan Brighton Mo.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursults can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer,". As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," theula," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Iuanition," "Maras-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



N. B.

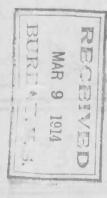
1 PLACE OF DEATH	STATE OF MARYLAND
menta let	CERTIFICATE OF DEATH
County	Registration Dist. No. 2/12/
Village or City Astrono (No.	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME Instead
2 FULL NAME Jusan Cebece	Odedwell of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Fre down	16 DATE OF DEATH
WIDOWED,	(Month) (Day (Year)
	17 i HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Jel 9 , 191 , to Feb 9 , 1914.
(Month) (Day (Year)	that I last saw h. M. alive on Jeh 2 1914
7 AGE If LESS than	1/ //
t day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds or min.?	Topan Pneumened -
8 OCCUPATION (a) Trade, profession, or	Start
particular kind of work— Tuse Tube	
(b) General nature of industry, business, or establishment in	(0.41)
which employed (or employer)	(Duration)yrsmosds.
State or country)	Secondary (Duration) yrs mos ds.
10 NAME OF Jon Shood	(Signed) J. H. Bir L., M. D.
11 BIRTHPLACE OF FATHER	, 191 (Address) Sandy pring
(State of country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country)	of death yrs mos ds. State yrs, mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Remus Bedwell.	Former or usual residence
(Address) Selver Spring mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1000	Sandy Skring md. Till 14. 191. X
Filed Jich 9, 1914 At - & Woadfor D	20 UNDERTAKER ADDRESS
REGISTRAR	Les Inowden Brighton ma
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous should be taken to report specifically the occupations gainfully employed, as At school or At home. dnties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is uec-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional liue is provided for the latter statement; essary to know (a) the kind of work and also (b)applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-besis of lungs, meninges, peritonaeum, etc., Carein-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH County Mentgernery	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/8
FULL NAME Allen Shork	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Made Hule Single, Married, Market Wiscourt, Write the word)	16 DATE OF DEATH HALL 4 The 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH PLOY 7 E (Month) (Day) (Year)	that I fast saw h Malive on Held 4 1 1914
7 AGE 1 If LESS than 1 day,hrs. 0 Rmln.?	and that death occurred on the date stated above, at & m, The GAUSE OF DEATH* was as follows: Blood Romon
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) lunkages us mos ds.
State or country Hagershown MA	(Secondary) (Duration) yrs. mos. ds.
11 BIRTHPICE OF FATHER (State or country) Monday oneny Made of Mother Clase Rate Many Beach	(Signed) & Electrica M. D. And 1914 (Address) Saithersburg *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Account
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(Informant)	Where was disease contracted, if not at place of death? Former or usual residence
Filed Fel-3 194 O.D. Telefran P. A. REGISTRAR	Rockalle Felig 7 1914 29 UNDENTAKED CONFIDENTIAL OF BURING STATES 20 UNDENTAKED COOK VILLE THAT
If more blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S No.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: For persons "Foreman."

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoscis of lungs, meninges, peritonacum, etc..

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senlle," etc.), "Dropsy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial ncphritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-acctoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), "Exhaustion," Never report Examples:



properly

2

DEATH

OF

CAUSE

Item

m

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2/2 fit death occurred in Ward) a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEY 16 DATE OF DEATH 4 COLOR OR RACE S SINGLE. MARRIED, WIDOWED, (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER 0 back 11 BIRTHPLACE PARENTS (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Voluent Causes, state (1) Means of Injury; and (2) whether Accidenuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death yrs. mos. ... _ ds. State yrs. ____ ds Where was disease contracted, If not at place of death? Former or (Informant) usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 CHDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Urnemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for "Exhaustion," Never report For vio-Ex-



2	0.	0	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	y item of information should be carefully supplied. AGE should be stated EXACTLY. PI	SE OF DEATH in plain terms, so that it may be properly classified, Exact statement o	
K	0	pa	
S IS	d bind	lassifi	
=	ih	_	
YK-TI	AGE 1	properly	
=	D	0	
DING	supplie	may b	
UNFA	carefully	that it	pertant Soo instructions on back of cortificato
I	0	80	0
C, WIT	hould b	terms,	Angel an
7	40	in	U
Z	lon	d	5
A	100	٦	-
1	E	I	+
ш	u	AT	In
E	-	OE	00
K	0	L	V
>	E.	0	+
	=	F.	4
	-	41	-

HYSICIANS should of OCCUPATION 18

ECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 210 Ill death occurred to St.:....Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. BSEX 4 COLOR OR RACE MARRIED, Zuer (Month) ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) if LESS than 7 AGE and that death occurred on the date stated above, at ... 1 day hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----Contributory_ State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE 4 (Address) . S.OC ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden. 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. mos. State __ ds. Where was disease contracted. If not at place of death? Former or usual residence 15 REGISTRAR

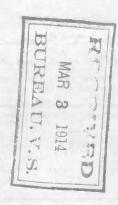
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook; Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples:

Statement of cause of death—Name, first, the dibrase causing death—Name, first, the dibrase causing death—Name, first, the dibrase causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dibraumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from ture of the American Medicai Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "As nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples:



V. S. No. 1.

PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

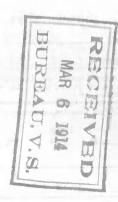
County Moulsourery	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/2
VIIIage or Gity Poles isll (No	St.; Ward) [if death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeuale Mull Senate, Market, Market, Missell Willower, Wildower, Willower, Wille (Write the word)	16 DATE OF DEATH FULLY 4 , 1914 (Mgnth) (Day (Year) 17 A I HEREBY CERFFY, That I strended decessed from
DATE OF BIRTH (Month) (Day (Year)	that I last aw 12 alive on Fely 4 , 1914
TAGE If LESS than 1 day,hrs. ORmin.? OCCUPATION (a) Trade, profession, or particular kind of work Noue	and that death occurred on the date atated above, at 9 m. The CAUSE OF DEATH* was as follows: Assure usels teal heffinitis
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Chaeuuc Couea
10 NAME OF FATHER PLACE OF FATHER (State or country) Curry Process 2 (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT REGIOENTS) At place In the of deathyrs,mos,ds. Stateyrs,mos,ds Where was disease contracted,
(Informant) - And Carpenter	If oot at place of death? Former or 0sual residence
Filed May 4, 191 4 6. 24 21 Lila REGIATRAR If more blanks are needed, address State Regist	Prostruction J. C. Address 20 UNDERTAKES ADDRESS rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold dincumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

lnjury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (discase causing death), 29 ds.; "Exhaustion,"



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged lu the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tiou is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Courulsions," "Debility" ("Contheuia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cuncause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Hacmorrhage," "Inanition," "Marasaffection need not be stated unless important. ture of the Americau Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or lutercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State eause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	I Januar	Registration Dist. No. 219
VII	eFULL NAME Show the Con	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH (Month) (Day (Year)	that I last saw has allye on Pole 25-27 1914
TAG		and that death occurred on the date stated above, at
(a)	OCCUPATION OTrade, profession, or ricular kind of work. Beneral nature of industry,	MM Charles
whi	iness, or establishment in ch employed (or employer)	Contributory Secondary
ARENTS	10 NAME OF FATHER BILLY 11 BIRTHPLACE OF FATHER (State or country) MRMM	(Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address) (Signed)
0	13 NOTHER THE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residents) 18 Length of Residents)
14 T	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted,
	(Informant) La solter Overs	It not at place of death? Former or asual residence.
15 File	ed 27 191 All REGISTRAR	PPLRCE OF BURIAL OR REMOVAL DATE OF BURIAL 191 20 UNDERTAKER ADDRESS ACCIONOMICS ACCIONOMI
		trar, 6 E. Franklin St., Ralto., Respecting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary fireman, etc. But In many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," udgaalified, is iddefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitie," etc. State cause for childbirth or mlscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakbess," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inapition," "Maras-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds., (secondary or intercurrent) Never report



Village or C	FULL NAME	usan R	St.;—Ward) St.;—Ward) [if deeth c a hospital or give its NAM of street and
PER	RSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 sex Truale	White	S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day 17 I HEREBY CERTIFY, That I attended dece
6 DATE OF BI	RTH / Ø	26 , 1843 (Day (Year)	Fiel 4 , 1914, to Feb /1"
7 AGE	68 yrs 3	(Day (Year) If LESS the 1 day,	and that death occurred on the date stated above, at
(State or	stablishmenf in (or employer)	yland.	Gontributory acute - gastiete Secondary
W (Stat	ER Robert	Dode.	(Signed) (Noration) yrs mos (Signed) (Address) (Address) *State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether Tal, Suicidal, or Homicidal.
13 BIRTH OF MG (Stat	IPLACE OTHER OT COUNTRY)	enve Trinos	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TO OR RECENT RESIDENTS) At piece In the of death yrs. mos. ds. State yrs. mo
(Intormant)-	anur h	Jade Line	If not at piece of death? Former or usual residence.
(Intermant)— (Address	anur h	Lode will hid	Former or

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a dcfinite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart discase; Chronic interstitial nephritis, ture of the American Medical Association.) scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 7 1914 BUREAU, V.S. A PERMANENT RECORD

N.B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH	STATE OF MARYLAND
monta.	CERTIFICATE OF DEATH
County	Registration Dist. No. 218
Village or City Saithers burg (No.	Lif death occurred in
Village of City (No,	St.; Ward) a hospital or institution, give its NAME instead
FULL NAME Organia Dar	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White (Write the word)	16 DATE OF DEATH HELD 22 9 1 1914 (Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h. M. alive on 23 nd 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 12 4 am,
H. S. yrs. S. mos. 2 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Louise Keper	Bronchu Brewnung
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrsmos./lds.
9 BIRTHPLACE (State or country) Mariland	Contributory Secondary
10 NAME OF STATHER	(Signed) & K & Electric March 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
11 BIRTHPLACE OFFATHER OFFATHER	Fred 24, 1914 (Address) Is an Thurshold 9
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER MARYLAND 14 MAIDEN NAME OF MOTHER MARYLAND 15 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH. or, in deaths from VIOTENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
- Travel Cooyeey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Manyland	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) & Clinton Worsey	Former or usual residence
(Address) Brookeville Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Pb 27, 1914 (0.1), Elchum M. 10	29 UNDESTAKER ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Juanition," "Maras. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

	PLACE OF DEATH 1786	STATE OF MARYLAND
Cor	inty montgonery	CERTIFICATE OF DEATH
000		Registration Dist, No. 222
Vill	age or City Aluny My (No	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead
	FULL NAME Ruth I	of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE S BINGLE, MARRIED, WIDOWED, OR DIVORCEO OR DIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 DA	TE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last sawh lalive on Tell 30/19
7 AG		and that desth occurred on the date stated above, atm,
	yrs 1.1 mos 1.3 ds. OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION Trade, profession, or	Municon 1 ca ;
par	ficular kind of work	
busi	General nature of Industry, ness, or establishment in ch employed (or employer)	(Ouration) yrs mos 10 ds.
9 BI	RTHPLACE (State or country) manyland	Contributory Secondary (Ogration) yrs mos ds.
	10 NAME OF FATHER	(Signet) augunton.
S	11 BIRTHPLACE	Lly 9 1 (Address) Plucusto
PARENT	(State or country)	*State the DISEASE CAUSING DEATH, r, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PAF	12 MAIDEN NAME Carrie L. Duris	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) Af place In the of death yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?
(interment) have have	Former or usual residence
	(Address) Lensington and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16		Wheaton, Ind that 151, 1914
File		20 UNDERTAKER ADDRESS
	REGISTRAR If more blanks are needed address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	de d	v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-



mia," "Puerperal peritonitie," etc. State cause for childbirth or mlscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Çanture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory Mcasics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

Gounty Mundy	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Spincervillano	Registration Dist. No.21 1 St.; Ward) [If death occurred is a hospital or institution, give its NAME losfead
*FULL NAME JUNE &	of street and oumbor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR DR RACE 5 SINGLE, MARIJED, WOOMED, OF JUDGED WORD)	16 DATE OF DEATH 7 7 1914 (Month) (Day) (Year)
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on Tal 17 1914
7 AGE if LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry.	Mumous Has
business, or establishment in which employed (or employer)	(Duraflon) yrs. mos. 3 ds.
(State or country)	(Secondary) (Duration) yrs mos 2 ds.
10 NAME OF John Dovsey	(Signed) J. L. Paussin, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING PEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of MOTHER and and	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	Af place in the of death yrs mos ds. State yrs, mos ds.
(Informant) Dust A admission	Where was disease contracted, If not at place of death? Former or usual residence.
(Address). Annewell Filed Mar 2, 1914 H Bruth	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PL 20, 191. X. 20 UNDERTAKER FROM ADDRESS FROM TO THE THE PLACE OF BURIAL ADDRESS TO THE PLACE OF BURIAL ADDRESS TO THE PLACE OF BURIAL ADDRESS TO THE PLACE OF BURIAL TO THE PLACE OF BURIAL ADDRESS TO THE PLACE OF BURIAL ADDRESS TO THE PLACE OF BURIAL THE PLACE OF BURIAL THE PLACE OF BURIAL THE PLACE OF BURIAL THE 20, 191. X. THE PLACE OF BURIAL THE 20, 191. X. THE PLACE OF BURIAL THE 20, 191. X. THE 20 THE PLACE OF BURIAL THE 20
If more blanks are needed, address State Registran	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonacum, etc.. Carcin-

nant neopiasms); Measles; Whooping cough; Chronical childbirth or miscarriage, as "Puerperal scotichae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., oI . ture of the American Medical Association.) Is less definite; avoid use of "Tumor" for malig (Recommendations on statement of (name origin; "Can



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

Y. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain, terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
· Montage	CERTIFICATE OF DEATH
County Mantgamery	Registration Dist. No. 217
Village or City Perkerille (No	St.; Ward) [If death occurred in a hospital or losfliution, give its NAME instead
*FULL NAME Bessie Dog	ef sfreet and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, MUNICED DE DIVIDECED DE L'ANGELE DE L'ANGEL	(Month) (Day) (Year)
Temale Colored (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Jun 22, 1914, to fan, 22, 1914.
(Month) (Day) (Year)	that I last saw h. 12 alive on
7 AGE If LESS than	and that death occurred on the date atated above, atm,
21 yrs. 1 mos. 2.5 ds. ormin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	The many levered one.
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maculand	Contributory Heredity (Secondary)
10 NAME OF	(Geration) yrs mos ds.
FATHER Landel	(Signed) Control Man And State M. D.
D 11 BIRTHPLACE OF FATHER Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Z OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place
(State or country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?
(Interment) Daniel Day	Former or usual residence Nerveels Md
(Address) Norbeekl Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Feb. 13- 1914 Chas. Frangeshor	20 UNDERTAKER ADDRESS
FIRED. L. REGISTRAR	George Smowlen Collect City Md.
If more blanks are needed, address State Revistra	

[Approved by U. 8. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of llibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—It respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purpresal scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ample: Mcastes (disease causing death), 29 nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ture of the American Medical Association.) Accidental drowning; Struck by railway train-accimere symptoms or Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of terminal conditions, such as "As-(secondary or Intercurrent) (name origin; "Can State cause for Never report Examples: For VIOde.



SICIANS should OCCUPATION IS PHYSICIANS RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, WIDOWED. Month) ORDIVORCED (Write the word) 6 DATE OF BIRTH classified. (Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? properly AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, pe business, or establishment in FADING (Duration) may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) Duration) 10 NAME OF FATHER (Signed) ō back 11 BIRTHPLACE terms. PARENT OF FATHER 12 MAIDEN NAME plain OF MOTHER instructions OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place in the OF MOTHER (State or country) of death of Infor yrs. ... State Where was disease contracted, it not at place of death? Former or item PO usual residence mportant. Every it BURIAL OR REMOVAL 20 UNDERTAKER 0 REGISTRAF 2 If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 220

St.;....Ward)

[It death occurred in a hospital or institution. give its NAME instead of street and number. 1

MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY, That Lattended deceased and that death occurred on the date stated above, at *State the DISEASE CAUSING DEATH, or, In deaths from Violent CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS yrs. mos. DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At homc. Care Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Tuerperal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," _ (name origin; "Can-"Exhaustion," Never report Examples:



V. S. No.

œ,

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS AGE 0 WRITE PLAINLY, WITH on back DEATH In plain See instructions Item of information CAUSE OF Important.

	-
Gounty!	
Village o	1
	F
3 SEX Jum	_
6 DATE OF	
7 AGE	
(a) Trade, p particular ki (b) Generat business, or which emplo	ri
9 BIRTHPL (State	

PLACE OF DEATH nontgomer

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

-Ward)

[it death occurred in a hospital or Institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fimale White 6 since on the word of the wo	16 DATE OF DEATH (Youth) (Day (Year)
Sept 22 , 1884 (Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from Pel 1 2 1914, that I last saw h. A. alive on Pel 12 1914,
7 AGE 1 1 LESS than 1 day,hrs. 2 9 yrs. 7 mos. / 0 ds. 0 nmin.?	and that death occurred on the date stated above, at 1/9, m. The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. I rained Murse.	Pulmmany Nulmaulvin
(b) Generat nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE	Contributory Car hand wan
State or country) vrginia	Secondary (Duration) yrs (mos. ds.
TATHER Sayette Sink 11 BIRTHPLACE OF FATHER (State or country) Md 12 MAIDEN NAME OF MOTHER	(Signed) , M. D. P. J. 1914 (Address) Lower Causes, state (1) Means of Injury; and (2) whether Accident
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of death yrs, 2 mos. ds. State 29 yrs, 2 mos. 10 ds Where was disease contracted, 11 mot at place of death? Former or usual residence.
(Address) 2 + n. n. w. woshington 06. Filed Pele 12, 1914 6. D. Tetcheron M. D. BEGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
A Comment of the comm	trar, 6 E. Franklin St., Britton Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name orlgin; "Canmus," "Old Age," "Shock," "Uracmia," "Weakness," valvular heart disease; Chronie interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," ctc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1

PLACE OF DEATH 1791	STATE OF MARYLAND CERTIFICATE OF DEATH
County Montgomen	Registered No. 223
Village or City Sakema (No. 11)	St; Ward) [if death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
married, Single wildows of Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH (Mooth) (Day) (Year)	that I last saw h and allive on Feb 1914
7 AGE 1 day,hra. 1 day,hra. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Herrical Stores (Secondary)
10 NAME OF FATHER CONT RIVER 11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME 12 MAIDEN NAME	(Signed) Comment of the Causes, state (1) Means of Injury; and (2) whether Accinental, or Homicinal.
of Mother about know 13 BIRTHPLACE OF MOTHER (State or country) Trance,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) A1 place in the of death
(Informant) M. A. L. Reynolds	Where was disease contracted, If not at place of death? Former or usual residence
16 Fited El 6 1914 A El ogos	Urling Int Comp. To ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciwho receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," If the occupation has (6)

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichuecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgaffection need not be stated unless important. oma. Sarcoma. etc., of ___ The contributory (secondary or intercurrent) (Recommendations on statement of _ (name origin; "Candeath), 29 ds.;



No. ú

en Z

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT RECORD stated EXACTLY. classified. 4 should UNFADING INK-THIS properly AGE carefully supplied. that it may certificate. of information should be of DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH CAUSE OF Important.

ounty Montgomery Village or Cityman Damaseus (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 2 / [It death occurred in a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, Married Wilsowed, ORDIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH Left 28 , 1872. (Month) (Day) (Year)	May 14, 1912, to flety, 17, 1914, that I last saw her alive on Febru 12, 1914
AGE It LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at 1 30 2 m, The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work	(Duration) Z yrs. mos. ds.
(State or country) Maryland	Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF John Laylor	(Signed) Jes. M. D. Voyer, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
OF MOTHER Com Holsey 13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Intermant) Houseples Butter	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Monrovia Ind. Filed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS ALLIE REMOVAL ADDRESS ADDRESS ALLIE REMOVAL ADDRESS ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Deaier," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative scalthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the bead injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock." "Traemia," "Weakness," ample: Measles (disease causing death), 29 ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:



PERMANENT

SICIANS should RECORD 0 may certifica 0 DEAT OF mportant. CAUSI

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH monto Registration Dist. No If death occurred in a hospital or lostitution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED WIDOWED (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory. (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE +cl. 13- 191 H (Address) Chury OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER. (State or country) ___ yrs. mos. ds, State yrs, ____ mos, Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST MY KNOWLEDGE If not al place of death?. Former or usual rosidence..... BURIAL 15 ADDRESS Filed_> REGISTRAR If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death it ime and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asaffection necd not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. 'The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanitlon," "Maras-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

PLACE OF DEATH 1794 (6)	STATE OF MARYLAND
Count /onlgomery	CERTIFICATE OF DEATH
	Registration Dist. No. 2/3
Village or City Cockoille (No.	St.; Ward) [If death occurred in a hospital or institution,
2 FULL NAME Lucy Gran	uces Liebetto give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Williams Single (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH	14 HEREBY CERTIFY, That I attended decessed from
Pm 21 .012	Jeby. 14, 191 46 Jeb. 20 191 4.
(Month) (Day (Year)	that I rask saw h l alive on Tet. 19 1914
7 AGE If LESS than	and that death occurred on the date stated above, at
2 yrs mos 29 ds. 1 day,hrs. OR min. ?	The CAUSE OF DEATH* was as follows:
GOCCUPATION	6
(a) Trade, protession, or particular kind of work	Coronchia o Commania
(b) General nature of Industry, business, or establishment in	The state of the s
which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Maryland	Gontributory Secondary
10 NAME OF FATHER	(Doration) yra mas ds.
mudsey // Hickerson	(Signed) Lenge & Recry, M. D.
of Father	, 191 (Address) / FESERVELE- / WA
11 BIRTHPLACE OF FATHER (State or country) 12 Mainten NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a ceare continuen	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Maryland	A1 place In the
	ot death yrs mos ds. State yrs mos ds Where was disease contracted.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Interment)	Former or usual residence
(Address) Publish Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF AND SELECTION SEL
Filed, 191REGISTRAR	20 UNDERTAKEN ADDRESS.
If more blanks are needed, address State Regist	trar & T. Franklin St. Dale Down 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A second address blate neglis	trar, 6 E. Franklin St., Balts., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE S rvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably ture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 26 1914

BUREAU. V.S.

No.

30

PHYSICIANS should of OCCUPATION IS RECORD PERMANENT Exact stated classified. should properly AGI INK supplied. тау certificate. carefully = that 9 back terms. should of in.
DEATH in p. plain CAUSE OF Important. 8 ż

(a) Trade, profession, or

(b) General nature of Industry, business, or establishment in

which employed (or employer)

particular kind of work

State or country)

ARENT

15

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country

OF MOTHER

OF FATHER (State or country)

Village or City hear Damaseus (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2.2.1 St.; Ward) [it death a hospital or
PERSONAL AND STATISTICAL PARTICULARS	give its NAM of street and
Male Colored Single, Married, Wilder Wilder (Write the word)	18 DATE OF DEATH (Month) (Day) 17 I HEREBY CERTIFY, That I attended decease
Country December 25, 1883. (Month) (Day) (Year)	that I last saw him alive on april 30
TAGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at

attended deceased from bove, at smort. Contributory (Secondary) amaseus (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs. ds. State yrs. Where was disease contracted. It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

It death occurred in a hospital or institution,

give its NAME instead of street and number.]

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative sealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 9

Statement of cause of death—Name, first, the nibease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL pcritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage. as "Purereeal scottchace Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," Bronchopncumonia (secondary), 10 ds. Never repor affection need not be stated unless important. oma. Sarcoma. etc., of .. The contributory "Old Age," "Shock," 'Traemla," "Weakness," (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent (name origin; "Can State cause for Examples: 0



PHYSICIANS should state of OCCUPATION Is very Every item of information should be carefully supplied. AGE should be stated EXACTLY. I GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

1 PLACE OF DEATH

STATE OF MARYLAND

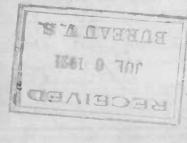
county hearing a	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or Gity / Leclow Mo	St.; Ward) [It death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 / 9 , 1914 (Year)
6 DATE OF BIRTH 2 /9 , 1914 (Month) (Day (Year)	that I last saw h alive on
TAGE If LESS than 1 day, / Phrs. OR	and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary
10 NAME OF FATHER CLOOP CONTROL 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
(Informant) Char The Best of MY KNOWLEDGE (Address) Rull will be	If not at place of death? Former or usuel residence. 18 PRACE OF BURIAL OR REMOVAL DATE/OF BURIAL
Filed 191 REGISTRAR	Dencember Mr. 2/20/, 191% 26 UNDERTABLER W.R. Dumpley Rochuller
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. who receive a definite salary), may be entered as it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Typerculessis of lungs, meninges, peritonaeum, etc., Carcin-

mus," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avold use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



No.

RECORD PERMANENT UNFADING INK-THIS WITH WRITE

Very NS should in PHYSICIANS EXACTLY. classified. properly supplied. may certificate. of terms, in back should 0 plain instructions Information 2 DEATH 50 Hem OF mportant. CAUSE

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 220 fit death occurred inWard) a hospital or jostitution. give its NAME losteod of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY, That, I attended deceased from DATE OF BIRTH 3 Month) (Day (Year) 7 AGE It LESS thon and that death occurred on the data stated above t day.....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (e) Trade, protession, or porticular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER . 11 BIRTHPLACE PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. OF MOTHER IS LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At pioce lo the OF MOTHER (State or country) of death yrs. mos. ... Stote . ds. Where was discoso contracted, If not at place of death? Former or osual rosidence BURIAL OR REMOVAL PATE OF BURIAL 15

191

(Year)

20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who receive a definite salary), may be entered as material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaenant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-The contributory tctanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 217

St.;....Ward)

[if death occurred in a hospital or Institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenals Colored Single, MARRIED, Lingle ORDIVORCED (Write the word)	16 DATE OF DEATH Tel 4th, 1914 (Moath) (Day (Year)
6 DATE OF BIRTH Nov. 1st 1913	HEREBY CERTIFY, That I attended deceased from House. 29th, 1914, to Jaw. 29th, 1914.
(Month) (Day (Year)	that I last saw h 20 alive on Jan 29th 1914
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 230 Pm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Jufacel particular kind of work	Towfelo
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs 3 mos ds.
State or country) Moulg. Co. Med	Gontributory Tricurrous Secondary (Duration) yrs mos 3 ds.
10 NAME OF Walter Malthews	(Signed) Cohas Franqueliars, M. D.
11 BIRTHPLACE OF FATHER (State or country) Morely, Co., Mod., 12 MAIDEN AM OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Bessee Malthews Newman	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Movely Coo, Mod	At place In the of death yrs mos ds. State yrs, mos ds Where was disease contracted,
(informant) Waller Moulthouse	If not at place of death?
(Address) Sandy Spring, Mod.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Feel- 4ch 1914 Chas Farqueliar	Charlotteel Country Feel. 4-th, 1914. 20 UNDERTAKER GEO. R. Juowden Bushlow Med.
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing pearir, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fevor (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of lujury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or mlscarriage as "Puerperal septichaectc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection necd not be stated unless important. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all discases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. 4 prope INK UNFADING Supplie to ATH in plain instructions o WRITE Q 0 mportant. CAUSE m

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County MAN Registration Dist. No. lit death occurred in St.:...Ward) a hospital or institution, give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S RINGLE. DATE OF DEATH MARRIED, WIDOWED, (Dav (Year) (Month) OR OLVORCEO I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, a t day hrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE encould my (Address)...C OF FATHER CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or count 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or count of death ... yrs. mos. ds. State yrs. ____ mos. ___ ds Where was disease contracted. 14 THE ABOVE IS TO It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 16 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional llue is provided for the latter statement; who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at hegiuning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factorg. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerehrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Libhar pneumonia; Bronchopneumonia ("Pneumonia," indualified, is indefinite): Tuberculesis of lungs, pneninges, peritonacum, etc., Carcin-

mia," "PUEBPERAL peritonitis," etc. State cause for valvular heart discase; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart fallure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may he stated under the head of (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report



PERMANENT EXACTLY Information

should

PHYSICIANS

RECORD

OCCUPATION

cia

back

Instructions

terms,

piain

of DE/

Item OF

0 ż

Every Item CAUSE OF Important.

3 SEX 7 AGE F ш AR 16

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. St.;....Ward) a hospital or institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIEO, WIOOWEO, (Month) (Day) ORDIVORCEO (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from Le 6 DATE OF BIRTH (Month) (Day) If LESS than and that death occurred on the date stated above, at 1 day,hrs. BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER (Address). 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the. OF MOTHER of death yrs. mos. State (State or country Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) .---20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regia trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[it death occurred in

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers the nature of the business or industry; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons

Statement of cause of death—Name, first, the disease causing affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal septichaemus," "Old Age," "Shock." "Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephrilis nant neopiasms); Meastes; Whooping cough; Chronic er" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... -h, art fallure," "Haemorrhage," "Inanition," "Maras. Bronchopncumonia (secondary), 10 ds. Never repor The contributory Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary "Dropsy," "Exhaustion," (name origin; "Can or intercurrent; State cause for Examples: For vio-30



County PLACE OF DEATH County PARTING COUNTY TO THE STATE OF THE STAT	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 222
Village or City Suphine of	St: Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
SEE 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWES OR DIVORCED (Write the word) B DATE OF BIRTH	(Month) (Day (Year) I HEREBY CERTIFY, That attended deceased from
(Month) (Day (Year) 7 AGE 1 If LESS than 1 day hrs.	that I last ssw h alive on 191 4 and that desth occurred on the date stated above, at m,
e occupation (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	The CAUSE OF DEATH * Was of Follows: Superitury
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Market Mar
10 NAME OF PAULE Togleman 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MIRROR MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHE	*State the DISEASE CAUSING DE TH., or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJ RY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Will Michard	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
(Intermant) (Address)	Where was disease contracted, If not at place of death? Former or usual residence
Filed,191	20 UNDERTAKER 20 UNDERTAKER LODRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations statement. applies to each aud every persou, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis, scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-aceiwhich surgical operation was undertaken. For vio mia," "Tuerferal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; ctc.), "Dropsy," "Exhaustion," Never report



RECORD	PHYSICIANS	of OCCUPAT
K-THIS IS A PERMANENT	AGE should be stated EXACTLY.	properly classified. Exact statement
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAT important. See instructions on back of certificate.
*	-Every Item	CAUSE OF

m

7 AGE

PARENTS

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

(b) General nature of Industry, business, or establishment in

pinous

PLACE OF DEATH Village or City -Ward) PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH

(Year)

If LESS than

f dayhrs.

(Month)

TRUE TO THE BEST OF MY KNOWLEDGE

which employed (or employer)

(Day

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

[If death occurred in a hospital or institution. give its NAME Instead of streef and number.]

DATE OF DEATH		. 191
	(Month)	(Day (Year
		1 sttended decessed f
hst I last saw hsi		
nd that death occurred	on the date state	d sbove, at
he CAUSE OF DEATH *		
Serile M	RUMAN	La
and the state of t		
*****		***************************************
	45 11 1	5
	(Duratioo)	yrsmos
Contathudons		
Contributory		
Secondary		*****************************
	(Beratien)	yre mae
Secondary	-1	yrsmos
Secondary	-1	
Secondary Signed)	Trous	LC .
Secondary Signed)	Trous	LC .
Secondary Signed)	Trous	
Secondary Signed) 4 1914 (Move (Address) Da	Lesourly
Secondary Signed) 4 1914 (Move (Address) Da	Lesourly
Secondary Signed)	(Address) Dath, Causing Death, Ans Of Injury:	Lesourly
Signed)	(Address) Causing Death, cans Of Injury; icidal.	or, in deaths from Vior and (2) whether Accid
Signed) Signed 1915. State the Disease (CAUSES, state (1) MEATAL, SUICIDAL, OF HOM!	(Address) Causing Death, and of Injury; icidal.	or, in deaths from Vior and (2) whether Accid
Signed) *State the Disease (CAUSES, state (1) MEATAL, SUICIDAL, OF HOMO OR RECENT RESIDENTS)	(Address) Causing Death, and OF Injury; ICIDAL,	or, in deaths from Vior and (2) whether Accid
Signed) *State the DISEASE (CAUSES, State (1) MEATAL, SUICIDAL, OF HOM) 15 LENGTH OF RESIDEN OR RECENT RESIDENTS) At place	(Address) CAUSING DEATH, CANS OF INJURY; ICIDAL.	or, in deaths from Viot and (2) whether Accis
Signed) *State the DISEASE (CAUSES, State (1) MEATAL, SUICIDAL, OF HOM) 15 LENGTH OF RESIDEN OR RECENT RESIDENTS) At place	(Address) CAUSING DEATH, CANS OF INJURY; ICIDAL.	or, in deaths from Viot and (2) whether Accis
Signed) *State the DISEASE (CAUSES, State (1) MEATAL, SUICIDAL, OF HOM) *BLENGTH OF RESIDEN OR RECENT RESIDENTS) At place of death	(Address) CAUSING DEATH, CANS OF INJURY; ICIDAL. ICE (FOR HOSPITAL lo the second description of the second description o	or, in deaths from Viot and (2) whether Accis
Secondary Signed) State the Disease (CAUSES, state (1) MEATAL, SUICIDAL, OF HOMEON OR RECENT RESIDENTS) At place of death yrs. mos Where was disease contracted,	(Address) CAUSING DEATH, CANS OF INJURY; ICIDAL. ICE (FOR HOSPITAL IO the State of	or, in deaths from Viot and (2) whether Accis
Secondary Signed) State the Disease (CAUSES, state (1) MEATAL, SUICIDAL, OF HOME OF RESIDEN OF RESIDEN OF RESIDENTS) At place of death yrs. mos Where was diseasa contracted, if not at place of death?	(Address) CAUSING DEATH, CANS OF INJURY; ICIDAL. ICE (FOR HOSPITAL IO the State of	or, in deaths from Viot and (2) whether Accis
Secondary Signed) Signed 1914 *State the Disease (CAUSES, state (1) MEATAL, SUICIDAL, OF HOM) State TAL, SUICIDAL, OF HOM) The Length of Resident of Recent Residents At place of death yrs. mos Where was diseasa contracted, if not at place of death? Former or	(Address) CAUSING DEATH, CANS OF INJURY; ICIDAL. ICE (FOR HOSPITAL IO the State of	or, in deaths from Viot and (2) whether Accis
Signed)	(Address) CAUSING DEATH, CANS OF INJURY; ICIDAL. ICE (FOR HOSPITAL IO the State of	or, in deaths from Viot and (2) whether Accis
Secondary Signed)	(Address) A CAUSING DEATH, CANS OF INJURY; ICIDAL. ICE (FOR HOSPITAL lo the s	or, in deaths from Viot and (2) whether Accis
Secondary Signed)	(Address) CAUSING DEATH, ANS OF INJURY; ICIDAL. ICE (FOR HOSPITAL lo the state of	or, in deaths from Viot and (2) whether Accis
Secondary Signed) Ab , 1914. State the DISEASE (CAUSES, state (1) MEATAL, SUICIDAL, OF HOM) STAL, SUICIDAL, OF HOM) At place of death yrs. mos Where was diseasa contracted, if not at place of death? Former or usual residence.	(Address) CAUSING DEATH, ANS OF INJURY; ICIDAL. ICE (FOR HOSPITAL lo the state of	or, in deaths from Viot and (2) whether Accis
Secondary Signed) State the Disease (CAUSES, state (1) MEATAL, SUICIDAL, OF HOM) BECANT RESIDENT OF RESIDENT OF RECENT RESIDENTS) At place of death yrs. mos Where was diseasa contracted, if not at place of death? Former or usual residence.	(Address) A CAUSING DEATH, CANS OF INJURY; ICIDAL. ICE (FOR HOSPITAL lo the s	or, in deaths from Viot and (2) whether Accis

ADDRESS

Barneyelleka If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained to the mus," "Old Age," "Shock," "Uracmia," "Weakness," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. The contributory tctanus) may be stated under the head of Always qualify all diseases result Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report For VIO-Ex-



RECORD

PERMANENT

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

Flied.

Village or City Capital View (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 222 St.; Ward) St.; Ward) [If death occurred is a hospital or lostitution, give its NAME insteed of street end number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famale while Spingle, Wishouse, Onle	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I sttended decessed from
Coccupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (c) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (c) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (d) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (d) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (d) General nature of industry, business, or establishment in which employed (or employer) **Particular kind of work. (d) General nature of industry, business, or establishmen	that I last saw here slive on Feb. 4. 191
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

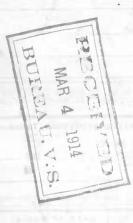
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Fuerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



RECORD PERMANENT UNFADING

state Very should is PHYSICIANS show proper pe certificate. that To back plain Instructions 2 DEATH ō Item 9 Important. Every It 1

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St .:Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED. WIDOWED, (Month) (Dav ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory... (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS .13 BIRTHPLACE OF MOTHER (State or country) Af place In the of death yrs. mos. State _____ yrs. ____ mos. Where was disease contracted. MY KNOWLEDGE If not at place of death?---usuai residence. DATE OF BURIAL 15 20 UNDERTAKEN ADORESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baite, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cases, especially in industrial employments, it is neceated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and eansation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. State cause for etc., when a dcfinite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeinus," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of Never report



OCCUPATION classified. certificate. 30 back plain Instructions 5 DEATH P Important. Every It 0

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 Ilf death occurred in ...Ward) a hospital or institution. giva its NAME tostead of street and numbar.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, (Menth) (Day ORDIVORGED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Year (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: mos OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or ampioyer) BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address). PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. BEST OF MY KNOWLEDGE If not at placa of death? usual residenca. DATE OF 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinlte salary), may be entered as dutles of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," themia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mere symptoms or terminal conditions, such as "As ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all discases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



	10
RECORD	PHYSICIANS should
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
	M O E

OF MOTHER (State or country)

15

œ.

state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 136 Ilf death occurred la St.:--Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE. MARRIED, WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory .. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 13 BIRTHPLACE

1	OR RECENT RESIDENTS)	OOFIIACO, INS	IIIOIIONS	IRANSIEN	TS
1	At place	In the			
1	of death yrs mos ds.	State	yrs,	mos	ds
ı	Where was disease contracted,				

If not at place of death? Former or

usual residence.

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also cases, especially in industrial employments, it is Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive eng first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as For many occupations a single word or term of Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, Farmer or Pla "Foreman," picerage, nec (6)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacvalvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. nus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-'Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conhenia," "Anaemia" (merely symptomatic), "Atrophy," genital," "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercurrent) tetanus) may be stated under the head State cause for

2



N. B.

Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLAGE OF DEATH 1806	STATE OF MARYLAND
County montgomery	CERTIFICATE OF DEATH
	Registered No. 223
Village or City a fama finally	Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
*FULL NAME WENNA IN	omferon
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Ternal White Single, Marrieg, Mondey (Write the word)	16 DATE OF DEATH Helensey 26, 1914 (Morth) (Day) (Year) 17 I HEREBY CERTIFY That I attended deceased from
Month (Day) (Year)	that I last saw her allve on Feb 26 1914
TAGE 36 yrs 1 mos 3 0 ds OR min.?	and that death occurred on the date stated above, at 125 Pm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work Ausse My Housewife (b) General nature of Industry.	Takmonany Interestons
business, or establishment in which employed (or employer)	(Duration) 2 yrs 3 mos ds.
9 BIRTHPLACE (State or country Unknown 3 5	Contributory (Secondary) (Doration) yrs mos ds
On 11 BIRTHPLACE	(Signed) A Solfmus Haysman. 2 126/1914 (Address) Takemal Fund
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from TOWNS CAUSES, state (1) MEANS OF INJURY; and (2) whether account TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) MAKNEY	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos ds.
INTO THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Jakona Park, M, D,	Washington DC. Feb. 26, 191.4.
Filed 726 ,1914 A SA BECISTRAR If more blanks are needed, address State Registrar	John Whightle Boness 1337-10 Tusting

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekecpers (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid decumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipal causing the control of the contro

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Purrerran septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of . ture of the American Medicai Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resuiting from "Senile." etc.), "Dropsy." (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report



MARGIN RESERVED FOR BINDING

PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classifled. should properly AGI INK supplied. pe UNFADING may that 80 terms, plain = EATH 50 ā

50

back

6

Instructions

Every Item CAUSE OF Important.

state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 212 Ilt death occurred in (No ... St .: Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL (PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR BAGE MARRIED, WIDOWED. (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day.....hrs OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) . Was 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) ... A OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs, ____ mos. ... _ ds. State Where was disease contracted. If not at place of death? Former or usual residence OR REMOVAL DATE OF BURNA (Address) 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. mine, etc. statement. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first live will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up ou account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... cause of death approved by Committee ou Nomencla-"Contributory." sepsis, telanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Ilaemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably which surgical operation was undertakeu. For vio-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meusles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," (Recommendations on statement of (name origiu; "Can-"Exhaustiou," Never report



UNFADING INK-THIS IS

PHYSHCIANS should state of OCCUPATION is very

Exact statement stated EXACTLY.

properly classified.

should

carefully supplied. may be

See Instructions on back

terms, should

of Information s DEATH in plain

Item CAUSE OF Important.

m ż

PERMANENT RECORD

oż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2222

St.; Ward)

[it death occurred in a hospital or institution, give its NAME instead

FULL NAME Irma Margaret Me	vie Westerneyer or street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Jungle Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Colored 10, 1914 (Mouth) (Day) (Year) 17 I HEREBY CERTIFY That I attended deceased from
September 21, 1912. (Month) (Day) (Year)	that I last saw here allye on Web. 10, 1914.
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 11:45 Pm. The CAUSE OF DEATH* was as follows: Broncho Pneumonia
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) — yrs. — mos. 8 ds.
9 BIRTHPLACE (State or country) Washington, D.Co.	(Secondary) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER Charles C. Westermeyer OF STATER (State or country) Washington, D.C. 12 MAIDEN NAME	(Signed) Howard H. Howeld, M. D. Cab 1914 (Address) Silver fring, Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Margaret Westermuys 13 BIRTHPLACE OF MOTHER (State or country) Baltimore, Md. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Intermant) Charles C. Westerneye (Address) Librer Gring, Md.	it not at piace of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed J'eb. // 1914 H. How lett, M.D. Schuly REGISTRAR	Washington, D.Co. Seb. 12, 1914. 20 UNDERTAKER ADDRESS Frank Skiers Long Washington, D.C.

If more hianks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or indust j; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." If the occupation has For persons (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage. as "Purreman scottchae etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." "Traemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of __ ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the -Heart failure," "Haemorrhage," "Inanition." "Maras-Bronchopncumonia (secondary), 10 ds. Never report "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples:

